

Virginia Department of Medical Assistance Services

MENTAL HEALTH (MH) AND ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS) ATTESTATION CHECKLIST FOR PEER SUPPORT SERVICE PROVIDERS

PEER SUPPORT SERVICE PROVIDERS

INSTRUCTIONS

Licensed Providers/Agencies must be credentialed with Magellan of Virginia and the Medicaid Managed Care Organizations (MCOs). Send copy of the Peer Recovery Support (PRS) Services Attestation Checklist, PRS Staff Roster, DBHDS PRS Certification for all employed/contracted certified peers as well as the DBHDS PRS Supervisor Certification to Magellan of Virginia and MCOs Network contacts based on the coverage criteria below:

ARTS Peer Support Services will be covered through the following programs:

- Magellan of Virginia for the Governor's Access Plan (GAP) and fee for service enrolled members;
- Medallion 3.0/4.0 MCO for their enrolled members; and
- CCC Plus Programs for their enrolled members.

Mental Health (MH) Peer Support Services will be covered through the following programs:

- Magellan of Virginia for the Governor's Access Plan (GAP) and fee for service enrolled members;
- Medallion 4.0 MCO for their enrolled members effective August 1, 2018;
- CCC Plus Programs for their enrolled members.

SETTING – Check one

☐ **Magellan and MCO coverage – Mental Health Peer Supports** service settings for individuals with mental health disorders who are employed by or have a contractual relationship with an enrolled provider licensed for one of the following:

- Acute Care General Hospital licensed by Virginia Department of Health;
- Freestanding Psychiatric Hospital and Inpatient Psychiatric Unit licensed by the Department of Behavioral Health and Developmental Services;
- Outpatient mental health clinic services licensed by Department of Behavioral Health and Developmental Services;
- Outpatient psychiatric services provider;
- Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC); Local Health Departments
- Hospital Emergency Department Services licensed by Virginia Department of Health; or
- Limited Community Mental Health and Rehabilitative Services providers licensed by the Department of Behavioral Health and Developmental Services to be further defined.

☐ **Magellan and MCO Coverage - ARTS Peer Supports** service settings for individuals with substance use disorders and/or co-occurring substance use and mental health disorders. These are American Society of Addiction Medicine (ASAM) levels of care providers who have a contractual relationship with the enrolled provider licensed for one of the following:

- Acute Care General Hospital ASAM 4.0 licensed by Virginia Department of Health as defined in 12VAC30-130-5150;
- Freestanding Psychiatric Hospital or Inpatient Psychiatric Unit ASAM Levels 3.7 and 3.5 licensed by Department of Behavioral Health and Developmental Services as defined in 12VAC30-130-5130 through 5140;
- Residential Placements ASAM Levels 3.7, 3.5, 3.3, and 3.1 licensed by Department of Behavioral Health and Developmental Services as defined in 12VAC30-130-5110 through 12VAC30-130-5140;
- ASAM Levels 2.5, 2.1, and licensed by Department of Behavioral Health and Developmental Services as defined in 12VAC30-130-5090 and 12VAC30-130-5100;
- ASAM Level 1 as defined in 12VAC30-30-5080;
- Opioid Treatment Program (OTP) as defined in 12VAC30-130-5050; including Rural Health Clinics (RHC), Federally Qualified Health Centers (FQHC), and Local Health Departments
- Office Based Opioid Treatment (OBOT) as defined in 12VAC30-130-5060;
- Hospital Emergency Department Services licensed by Virginia Department of Health; or

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- Pharmacy Services licensed by Virginia Department of Health.

STAFF REQUIREMENTS – Check all as appropriate

☐ **(Required)** Peer Recovery Support Specialist must have the qualifications, education, and experience established by DBHDS and show certification in good standing by U.S. Department of Veteran's Affairs, NAADAC, a member board of the International Certification, and Reciprocity Consortium (IC&RC), or any other certifying body or state certification with standards comparable to or higher than those specified by the DBHDS. (PRS meeting this requirement will be eligible to register with the Board of Counseling at the Department of Health Professions (§ 54.1-3503) on or after July 1, 2018 which will be required at that time for Medicaid reimbursement.)

☐ **(Required)** A Licensed or Certified staff has made the Peer Support Services recommendation.

The direct supervision is provided by **one** of the following below:
(One Supervisor Type Below Required)

For MH and ARTS Peer Supports:

☐ An individual who has two consecutive years of documented practical experience rendering peer support services or family support services, have certification training as a PRS under a certifying body approved by DBHDS as set forth in 12VAC35-250-40 **and documented completion of the DBHDS PRS supervisor training;**

OR

For MH Peer Supports:

☐ An individual who is a qualified mental health professional (QMHP) as defined in 12VAC35-105-20 with at least two consecutive years of documented experience as a QMHP **and who has documented completion of the DBHDS PRS supervisor training;**

OR

☐ An individual who is a licensed mental health practitioner (LMHP) as defined in 12VAC35-105-20 **and who has documented completion of the DBHDS PRS supervisor training.**

For ARTS Peer Supports:

☐ A licensed practitioner who meets the definition of "Credentialed Addiction Treatment Professional" found in 12VAC30-130-5020, and who is acting within their scope of practice under state law **and who has documented completion of the DBHDS PRS supervisor training;**

OR

☐ A Certified substance abuse counselor (CSAC) as defined in §54.1-3507.1 acting under the supervision or direction of a licensed substance use treatment practitioner or licensed mental health professional **and who has documented completion of the DBHDS PRS supervisor training.**

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SERVICES AND RECOVERY RESILIENCY AND WELLNESS PLAN

Check all as appropriate

Peer Support Services and Family Support Partners are Peer Recovery Support Services and are non-clinical, peer-to-peer activities that engage, educate, and support an individual's self-help efforts to improve health recovery resiliency and wellness.

Services shall be available to either:

- ☐ Individuals 21 years or older with mental health or substance use disorder or co-occurring mental health and substance use disorder which is the focus of the support; **or**
- ☐ The caregiver of individuals under 21 years old who have a mental health or substance use disorder or co-occurring mental health and substance use disorder which is the focus of the support.
- ☐ Individuals 18-20 years old who meet the medical necessity criteria set forth in 12VAC30-130-5180(A) who would benefit from receiving peer supports directly, and who choose to receive ARTS Peer Support Services directly instead of through their family shall be permitted to receive Peer Support Services by an appropriate PRS.

Recovery Resiliency and Wellness Plan

- ☐ Developed within 30 calendar days of Service Initiation by the individual, family or caretaker legal guardian as applicable, the PRS, and the supervising PRS.

Shall include at a minimum:

- ☐ Person centered, strength based planning to promote the development of self-advocacy skills;
- ☐ Empowering the individual to take a proactive role in the development and updating of their Recovery, Resiliency, and Wellness Plan;
- ☐ Crisis support;
- ☐ Assisting in the use of positive self-management techniques, problem-solving skills, coping mechanisms, symptom management, and communication strategies so that the individual remains in the least restrictive setting;
- ☐ Assisting individual to achieves their goals and objectives identified in the Recovery Resiliency and Wellness Plan;
- ☐ Assisting individual to self-advocate for quality physical and behavioral health services; and
- ☐ Assisting the individual to access strength-based behavioral health services, social services, educational services and other supports and resources.

Name/Title of Direct Supervisor Completing Checklist: _____

Signature/Date: _____